Her Body Her/Self?

On the "Mysteries" of Hysteria and Anorexia Nervosa*

Márta Csabai

> If the organ came to rest in this position [near the hypochondrium] it would cause convulsions similar to those of epilepsy. If it mounted higher and attached itself to the heart, the patient would feel anxiety and oppression and begin to vomit. If it fastened to her liver, the woman would lose her voice and grit her teeth and her complexion would turn ashen. If it lodged in the loins, she would feel a hard ball or lump in her side. If it mounted as high as her head, it would bring pain around her eyes and nose, make the head feel heavy, and cause drowsiness and lethargy to set in (Bullough 1973: 493–494).
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> The hysterical passion is of so ill fame among the Diseases belonging to Women, that like one half damn'd, it bears the faults of many other Distempers: for when at any time a sickness happens in a Woman's Body, of an unusual manner or more occult original, so that its causes lie hid, and a Curatory indication is altogether uncertain, presently we accuse the evil influence of the Womb (which for the most part is innocent) and in every unusual symptom, we declare it to be something hysterical, and so this scope, which oftentimes is only the subterfuge of ignorance, the medical intentions and the Use of Remedies are directed (Thomas Willis (1670): *Affectionum quae dicuntur hystericae,* quoted in Webster 1995: 141).

The long history of hysteria is full of contradictions and paradoxes concerning its nature, aetiology, and diagnosis, which is well reflected in the two texts cited above. The first quotation is a medieval description of the aetiology of hysteria, conceptualized in the old theory of the "wandering womb" while the second gives an account of the "enlightened" views about the mysterious *female malady*. This latter text was put forward by Thomas Willis, one of the most outstanding neurologists of the era, as early as in 1648. As these texts reveal, hysteria has always occupied a particular status amongst diseases as a marker of the fundamental problems of (medical) science and philosophy. Theories concerning the disease always contained – openly or indirectly – assumptions about the relationships of the functioning of the mind and the body and also "theories" of gender. One of the most significant turns in the history of the disease – and probably in the history of the body-mind problem and the concept of sexuality – was brought about by Sigmund Freud and his discovery of early traumatic experiences as clues to the hidden sources of patient's disabilities. The disclosure of the *secrets d'alcôve* – as Joseph Breuer called the sexual conflicts hidden from the sufferers themselves – opened the way to the more profound problem of the development of sexual difference itself.

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Although the emergence of psychoanalysis and the whole Freudian life-work can by no means be interpreted merely as a reflection of the turn-of-century socio-cultural milieu, neither is it independent of the basic philosophical questions and social tensions of the era. The same can be said about the special interest in hysteria which made the disease a chief subject of medical publications throughout Europe in the nineteenth century (Hunter 1997). Late nineteenth- and early-twentieth-century Vienna, the birthplace of psychoanalysis and other progressive intellectual and political movements was also a melting-pot of tendencies of decadence, the centre of the "happy apocalypse" from where the general crisis of modern identity radiated (Csabai and Erős 1997). The question of the origin of the sexes conceptualized by Freud was not independent of this crisis, since this turning point signalled the decay of all substantial differences, the disintegration of well-established categories of ethnic, national, social and individual identities, and the fading of concrete and symbolic boundaries. The pioneer attempt of Freud to "liberate" sufferers of hysteria from the misery and distress put on them by representatives of contemporary somatic medicine (in the extremest form by the few remaining advocates of the "wandering womb") released another spirit from the bottle: the more general question of body-mind dualism. The revolutionary idea of exploring the narrative *histories* of hysterics as supposedly sufficient material for both diagnosis and therapy was not only an attempt to give a vote for psychic causes in symptomatology, but to find missing *fragments* of the puzzle of (female) sexuality that Freud was troubled by.

Contemporary ambivalences around the meaning of femininity and about the interrelationships of the functioning of the body and the mind are all reflected in the Freudian lifework. Freud's ambivalence towards exclusively psychological/biological explanations was at least as strong as that of his ambiguity about "women-affairs." His search for biological-anatomical mechanisms by means of analysis of the psyche (and also *vice versa*: a search for psychic trauma behind somatic symptoms), and his liberatory, enlightening attempts parallelly with his biases towards women can all be interpreted as reflections of the contemporary tensions around fixed forms of existence. Although Freud was successful in proving that psychological processes have their physiological effect, and that hysteria means a displacement or transposition of libido from one organ or bodily zone to another, neither he nor his critics were satisfied with his explanations about the specific "female" characteristics of the disease. Despite its contradictions and "mystical" nature in the eyes of established academic institutions, the Freudian theory rendered an enormous service to modern science: it helped to force back the obscure messages coming from the body behind the borders of rational mind, into the territory of language of science. But it was just a transitory victory, since the message remained half-decoded, many *secrets d'alcôve* were still closed away, symptoms of hysteria survived and turned up again in their transformed manifestations. Official medical science was not interested in and did not want to hear Freud's frustrated question "What does a woman want?" but instead decided to break into further pieces the already fragmented hysterical body. This undertaking has ended up in the deleting of the original diagnosis from the vocabulary of mainstream psychiatry. The diagnoses was replaced with *fragments* of the original classification, terms like "somatization disorder," or "conversion disorder." The new names with a new aura of respectability have not fulfilled the wish to get rid of the embarrassment caused by the mysterious nature of certain symptoms still alive:

> There can be no doubt that the term "hysterical" is often applied as a diagnosis to something that the physician does not understand. It is used as a cloak for ignorance… History tells us that there must be illnesses which we presently do not recognize but dismiss as 'hysterical' (Marsden 1986).

Familiar, isn't it? These words of the neurologist David C. Marsden were put forward more than three centuries later than those of Thomas Willis and suggest that the incidence of symptoms which try to transgress the boundaries of established diagnostic categories cause contemporary medical science the same embarrassment as before. Even if we leave open the question of the gender-relatedness of hysteria, we have to admit that the distorted language of the body *and* the psyche can not be silenced by means of labeling, boxing, or "framing" the disease by classifications of diagnostical manuals. We have to add: the post-Freudian psychoanalytic enterprise was also not successful when it tried to arrange things by splitting off bodily messages as the language of the *semiotic*, and designating their place in *no-man's-land*, outside of the borders of the symbolic order (Kristeva 1982). Although classical forms of hysteria have disappeared – in some cases they were just *renamed* which means they were displaced in the linguistic realm of psychiatric categories – the disease still exists, it is still around in altered formulations or under new names. The recent emergence of *anorexia nervosa* as a mass-scale "female disorder" – its statistical prevalence shows that 9 of 10 anorexics are women – invites us again to think about the hypothetical gendered nature and meanings of these bodily messages.

Hunger Strike or the Protest of Desire?

If we accept the thesis of Susan Bordo, that in the case of hysteria and anorexia the body of the sufferer is deeply inscribed with a cultural and symbolic construction of femininity emblematic of the given historical era (Bordo 1993), we have also to ask why adolescent and young adult women are almost always central to these periodic eruptions of social and cultural maladjustments.

Anorexia, the disease characterized by the behavioural pattern of excessive dieting and refusal of food was identified in the 70s of the last century,[1] but as a diagnosed form of disease it has remained a relatively rare disorder for nearly a century. The taking up of anorexia is as unique to today's culture as the epidemic of hysteria was to the Victorian era. It's rise began after World War II, and has shown a continuous acceleration during the past thirty years. The disorder has a different character today than it had in the Victorian era or even in the fifties of this century (Brumberg 1992). The first difference is connected to the attitudes of women then and now to their body-image and towards the act of eating and food itself. Victorian anorexics wanted to remain slim because of the spiritual and social meanings of the slender body, but explained the restrictions of food-intake with somatic reasons. "I am not able to eat because it *hurts*" explained many last-century anorexics, while contemporary women are horrified by fatness: "I don't want to eat since I am *too fat.*"

Another difference between last century and today's anorexic behaviour is, that the latter is coloured by *bulimia*, excessive food-intake and vomiting which was not present in nineteenth century case records. The reasons behind this are probably the different cultural and social norms surrounding femininity and the notion of ideal womanhood. There was a big difference in the social context which articulated both the forms of protest and also repression. The contradictory feelings about desire and femininity could not show themselves on such a wide scale as today when these are more easily available through the media

1 It was William Gull who first referred to anorexia as "apepsia hysterica" in 1868. The name was changed into anorexia nervosa – nervous lack of appetite – in 1874.

and other channels of information. The other fundamental difference can be attributed to the development and paradoxical impact of consumer culture (Bordo 1993). Female hunger (and desire) has always been a cultural metaphor of danger and uncontrollability. Contemporary consumer culture handles desire in a way that it makes the "double-bind" attitude a norm: on the one hand there is an imperative to consume (buy, eat, possess) more but at the same time a woman must remain slender and docile, a *useful* body for society.[2] The general message is to satisfy desires while not to show them publicly, but to hide them away. We have to notice here the dynamics of *attraction* and *repulsion* which are attributed by psychoanalysis as the fundamental structure of the mechanisms of desire and also the constitution of the hysterical symptom (Braidotti 1997). The alternating behaviour pattern of excessive food intake and refusal in bulimia is a symbolic marker of the neurotic (hysterical?) way contemporary consumer society relates to desire. This ambivalence also reflects the increasingly *sharpening* contradictions in concepts about femininity. (It may be of importance to call attention to the continuous attenuating of the female body, the *sharpening* of its contours in the case of anorexia). Current cultural ideals of the woman offer freedom from domesticity, a purely reproductive femininity while simultaneously suggesting fragility and lack of power over social space. The seriousness of the problems brought by these new expectations towards women can be also seen in the difference between last century anorexia and the contemporary disease: today anorexics are more thinner than their last century "forerunners" which makes the condition more hazardous.[3] What makes it more threatening is the paradoxical effect of the popularization of the disease which heightened the public awareness of anorexia. We may think that the growing knowledge of the dangers of extreme dieting should help sufferers to cope with the problem, but paradoxically, public awareness and availability of information had a more negative impact (Brumberg 1992). An article published in 1986 in the American Psychologist called attention to a startling phenomenon: young women who know most about anorexia nervosa are *most at risk* to develop it (Striegel-Moore, Silberstein and Rodin 1986). This astonishing observation contributes to the understanding of why anorexia became in the last few decades a "communicable" disease, a real epidemic. Joan Jacobs Brumberg (1992) calls attention to the fact that in the United States where anorexia is most widespread no popular/scientific text has had a wider circulation than Hilda Bruch's *The Golden Cage: The Enigma of Anorexia Nervosa* (Bruch 1979) which has sold over 150,000 copies. Cases of celebrities who got publicity through the media – the most prominent was that of Princess Diana – also heightened awareness and contributed to the spread of the disorder. The contemporary moral imperative "run more and eat less" undoubtedly contributes to the "contagion" of eating disorders among the followers of the religion of health. The new component of female morality of checking one another's diet and weight may well articulate the reasons behind, but we have to look for further explanations. Slenderness itself is only tip of the iceberg. For a more articulated picture we have turn to theories about the symbolic meanings of the body and femininity.

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2 About the docility of the body see Michel Foucault (1979): *Discipline and Punish: The Birth of the Prison.* London, Harmondsworth: Penguin.

3 According to certain statistics 1of 10 anorectics get in a life-threatening condition during the course of disease (Gremillion 1992).

The Protest Turns into Its Opposite

As Elizabeth Grosz claims in *Volatile Bodies,* after the rise of modernity (around the eighteenth century) the notion of the "natural body" has lost its autocratic status: the material body has been gradually replaced by the body as metaphor. Instead of being a form whose contents are historically provided, after the nineteenth century the body has been regarded as a base on which cultural constructs are founded.[4] The female body became a metaphor for the corporeal pole of the Cartesian dualism, representing nature, emotionality and irrationality. In these representations the image of the dangerous, greedy female body, which is ruled by emotions is opposed to the masculine will, the locus of rationality, social power and self-control. Many contemporary feminist scholars have interpreted the symptomatology of hysteria as a rebellion against this dualism and the underlying (patriarchal) order. These readings of hysteria suggest that by way of the transformation of their bodies, hysterics made a "mockery of culture" (Clément and Cixous 1986). Their inability to speak – sometimes in the literal sense of the word, i.e. in the case of aphasia – was interpreted as a rebellion against the language and the culture of the father.

According to these feminist theories hysterics wanted to return to their "mother-tongue," to a regressive communication of infancy, into the realm of the semiotic. Their unwillingness (inability?) to accept the Law of the Father is described by Hélène Cixous in a very passionate and empathetic way: "those wonderful hysterics, who subjected Freud to so many voluptuous moments too shameful to mention, bombarding his mosaic statue/law of Moses with their carnal, passionate body-words, haunting him with their inaudible thundering denunciations" (Clément and Cixous 1986: 95). What is missing from these interpretations is the self-defeating, counterproductive nature of the protest, the recognition, that the revolt typically collapses into its opposite. While the hysteric (anorexic) rejects the symbolic order in favor of the semiotic world of the mother, the sick, isolated, house-bound, motionless, mute body (mostly in the case of hysteria) which is offered to medicine, a prominent representation of patriarchal power, is exactly the condition of the silent, uncomplaining woman – an ideal of patriarchal culture. Susan Bordo argues that different – mostly Lacanian – feminist readings of hysteria give a one-sided interpretation romanticizing the hysteric's subversion of the phallocentric order (Bordo 1993).

Bordo also notes that the "language of femininity" in its excessive form turns into its opposite and makes available only an illusory experience of power to the woman – who is confined to her bed. The arguments against the "protest-theory" are further strengthened by the fact that both hysterics and anorexics can be regarded as concretizations – or caricatures – of the "feminine mystique" of the historical period they live in. The dreaminess, sexual passivity, emotional lability, and suggestibility were characteristics of both the hysterical personality and normative feminine qualities of the nineteenth century, and the same can be said about the hyperslenderness of the anorexic today. By refusing food the anorexic simultaneously rejects and reproduces control over herself by claiming to own that control. The anorexic "control paradox" (Lawrence 1979) or "power turned inward," a state of being that is both precipitated by and reproduces one's powerlessness. In that way hysteria and anorexia can be seen as paradigms of resistance which were at the same time utilized in the maintenance and reproduction of power relations.

4 About different modern and postmodern theories of the body see Grosz 1994.

Lacks and Excesses: Wandering (around the) Womb

As was said earlier, the occurrence of hysteria in women was for many centuries linked to theories about the womb. The earliest known medical reference to hysteria is from Egypt in the nineteenth century B.C., which suggests that certain illnesses of women were caused by the womb traveling around in the body (Creed 1993). The ancient Greeks believed that the womb of sexually frustrated women dries up her bodily fluids which makes the womb move around and make more trouble for the woman. We could go through the whole history of premodern medicine and we would find similar explanations. Should we accept the proposition of Peter Brooks (1993) that nomenclature, the *name* "hysteria" itself was a two thousand year *destiny* of the disease, which was finally defeated by modern science – mostly by psychoanalysis – and then leave the problem, or could we use these representations as meaningful even in our understanding of hysteria and its different forms today? The womb was – and still is – represented in cultural discourses in an ambivalent way. This organ as a site of creation and reproduction is partly handled with amazement and fascination, but on the other hand it is a source of fear and anxiety. The fearful representations of the womb may also be connected to the Biblical notion of impurity: "The body must bear no trace of its debt to nature: it must be clean and proper in order to be fully symbolic" (Creed 1993: 56). Through her womb, the woman is connected to the cycle of birth, decay and death which reminds men of their mortality and the fragility of all the surrounding world. According to Freud those are the outer – castrated – genitalia of the woman (the mother) which are the most horrifying sights for men. However Freud also refers to the womb as an image in fantasy which releases the feeling of the *uncanny* which "is undoubtedly related to what is frightening – to what arouses dread and horror" (*Standard Edition,* Vol. 17: 219).

> It often happens that the neurotic men declare that they feel there is something uncanny about the female genital organs. This unheimlich place, however, is the entrance to the former *Heim* [home] of all human beings, to the place where each one of us lived once upon a time and in the beginning. There is a joking saying that "Love is home-sickness;" and whenever a man dreams of a place or a country and says to himself, while he is still dreaming: "this place is familiar to me, I've been here before," we may interpret the place as being his mother's genitals or body (*Standard Edition,* Vol. 17: 245).

Contemporaries of Freud (Karen Horney, Helene Deutsch, or Melanie Klein) called attention to the – unconscious – meanings of the womb as sources of both anxiety and jealousy. The theory of fear or jealousy of the reproductive abilities (and organs) of the woman was basically a reply of early psychoanalysts to Freud's penis-envy theory, but the debate ended up in a deadlock and continued only in recent decades in feminist psychoanalytic theory (Mitchell 1974).

If we put all of this in the context of the dynamics of hysteria and anorexia nervosa, it is interesting to see how the concepts of both *lack* (lack of the penis) and *excess* (the existence of the womb in women as an "extra" organ) are both represented in psychoanalytic concepts of femininity. The hysterical and anorectic-bulimic bodies themselves also display both *lacks* and *excesses*: lack or excess of sexual desire in hysteria and anorexia, lack of appetite and "feminine" bodily forms and functions such as menstruation, in anorexia; the excessive functioning of different parts of the body in hysteria and bulimia; excessive food-intake in bulimia, for instance. It is interesting to notice the bifurcation of "lacks" and "excesses" in psychoanalytic thought: while classical Freudian theory emphasized lack, post-Freudian (feminist) object-relations theory puts stress on the excesses of the maternal in interpreting

femininity.[5] However there are some particular cultural representations of femininity which embody *both* attributes. The most expressive manifestation of the interconnectedness of *lack* and *excess* as a symbolic marker of femininity can be found in those representations of the woman which attribute to her body abnormal, *monstrous* characteristics. The ability of woman's body to alter in shape during pregnancy makes it possible to defeat the traditional notion of fixed bodily form. Rosi Braidotti argues that this ability gives the woman a grotesque, monstrous character – applying the definition of the monster as an anomalous and deviant bodily entity (Braidotti 1997). The fascination and horror engendered by both the monster and the woman is reflected in numerous turn-of-the-century and contemporary representations of women (and monsters). The *topos* of woman as a sign of abnormality has always been a constant element in Western culture and scientific discourse. It reached its height in romanticism, where the fascination with death also contained eroticism (Gay 1984). This mixture of the morbid and erotic is also represented in the female-as-monster. Referring to Allon White's observation that several of Freud's patients were deeply troubled by fantasies of circus animals and carnivalesque disorders, and Bakhtin's distinction of the "classical" and "grotesque" bodies,[6] Sara van den Berg notes that the hysterical body struggles to reach the classical ideal of the "pure, closed, smooth, disciplined, still, harmonious, clothed, graceful, upright, fragrant" body, while unwillingly representing the grotesque "impure, open, rough, disorderly, noisy, naked, awkward, inverted, smelly" body (van den Berg 1994). The body *itself* becomes an obstacle to her, a special *boundary*, which blocks her from living in the world.

In *Powers of Horror*, Julia Kristeva gives a typology of personalized horror which shows the significance of the various orifices and boundaries of the body (Kristeva 1982). For Kristeva the cost of the emergence of a clean and proper, social body is *abjection*. The abject is not that which is dirty or impure about the body, but that which is not in its proper place. The abject as marginal and unincorporable signals a site of possible dangers and threats both to the individual and society. The sharp ambiguity of emotions released by the female body is attributed by Kristeva to the – both sacred and soiled – maternal, the threshold of existence, but also a figure of abjection. The adoration and fear connected to the abject derives from its capacity to trespass and transgress the boundaries of norms and definitions. The mother (and also: the woman) is a site of *origin*, and as such, releases anxiety about the imperative to separate (from the mother) and to accept the Law of the Father. The coexistence of *excess* (capacity to transgress boundaries) and *lack* (missing the substantial unity of the male subject) make the woman the (obscure, unreachable) object of desire, and also a neurotic subject.

This helps to explain why the idealization of women and the woman as a theme of violence are the two sides of the same coin.[7] Most typically at the turn of the century, the same body, the reproductive capacities of which performed venerable, even sacred

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5 See e.g.: Doane, J. and Hodges, D. (1995): *From Klein to Kristeva. Psychoanalytic Feminism and the Search for the "Good Enough" Mother*. Michigan: The University of Michigan Press.

6 Mikhail Bakhtin gave three examples of the grotesque body: sexual intercourse, death throes in their comic presentations and the act of birth: the "artistic logic of the grotesque image ignores the closed, smooth, and impenetrable surface of the body and retains only its excrescences (sprouts, buds) and orifices, only that which leads beyond the body's limited space or into the body's depths" (Bakhtin, quoted in Creed 1993: 57). "Grotesque" in this sense means that the body's surface is not closed, intact and smooth but it looks like being opened up, torn apart, its depths are visible.

7 Hysteria and anorexia have a narcissistic character – a certain attempt of *self-idealization* – and their counterproductive effects mean a *violence* against the self.

functions, was also to be profaned. Today it is well represented by the recent upsurge of horror films where the birth-giving function of the woman has become a theme of most horrifying images. In these films the womb is shown symbolically in images of intra-uterine settings which are dark, narrow, winding cellars or literally in relation to the female body which gives birth to aliens or other terrifying creatures (Creed 1993).

The excessiveness and overprolification previously associated with the maternal, today is replaced into the realm of technologies of reproduction: radio, film, video, or computer (Doane 1990). As we saw earlier in relation with the ambiguity of the feminine, these techniques are similarly not only objects of fascination but also of anxiety. The doubling, repetition, the multiplying of objects is closely related to the womb in fantasy not only in terms of reproduction (and the maternal), but as Freud says, both can be regarded as sources of the feeling of the uncanny. As Walter Benjamin suggested, there's always something uncanny about a photograph, since the Real is lost through doubling, the immobilization, the freezing of time (Benjamin, quoted in Doane 1990). These anxieties today can be partly attributed to women's increasing involvement in commodity production in the twentieth century, which has altered our relationships towards secrecy, knowledge and the ultimate question of *origins*.

The Truth behind the Veil

One of the most prominent characteristics of modernity is the redistribution of relations between feminine and masculine. The insertion of women into commodity production collapsed both material – e.g. division of labour – and symbolic differences of the sexes. The commodity fetishisation of female bodies which was even more typical in the second half of the twentieth century is expressed in new relations between the visible and invisible, the representable and unrepresentable and their consequent practices and discourses (Buci-Glucksmann 1987).

Veiling as idea is peculiarly connected to women and to female sexuality: it is associated with female chastity and modesty on the one hand and with their submission to authority on the other. Unveiling, the making of women visible, public, as reproducible and available commodities has special female connotations not only because of the eroticism of the female body, but because of the (female) personification of Nature and Truth (Jordanova 1989). The erotic dynamic of veils (and also of *distance*, *limit* and *border*[8]) is that they make the viewer fantasize about the "real thing" behind. Women and their secrets have always had a profoundly ambiguous status, being both desired and feared (see e.g. the mythical case of Pandora). Traditionally the secrets of nature (the universe) are identified with the secrets of women's bodies. Truth means "ultimate" reality itself which is finally exposed.

Hysterics are often accused of just "imitating," "role-playing" their disease, misleading the outside enviroment, their doctors, deceiving Science and rationality, of *hiding the secret*. The hysteric's body plays a trick on the viewer, makes a "mockery" of the Medical Gaze. What she displays is not a coherent picture, but a fragmented, grotesque one with some parts or functions of the body made visible in a distorted, "tricky" way while other parts always remain hidden. This is one explanation why traditional medical science has always been

8 On the role of distance in the enhancement of libido and the increasing of desire see Sigmund Freud: Introduction to Narcissism. In *Standard Edition,* Vol. 14: 67–102.

fascinated but also threatened by symptoms of hysteria. The hysterical body plays a special *hide-and-seek*, calling the other to explore the secret, but at the moment the invitation is accepted, the hysteric changes, masks the coverage of the secret, makes another bodily symptom from it. This tendency to veil *and* unveil makes hysteria such a mystical and also embarrassing disease. It also helps to explain why hysteria was always connected to femininity and no male characteristics were attributed to it. While unveiling – undressing – a woman always has an erotic or a tragic connotation, the same thing for men is much more comic. Why is the idea of unveiling men not threatening but more comic? According to Jordanova the reason is that men have a different relation to secrecy (they want to possess it, similarly to knowledge) and that their bodies are not the symbolic carriers in modern societies either of creative and destructive forces. Neither mystery nor modesty are male attributes but that of the Other, which is always different from masculinity. Unveiling of women always remains an acceptable idea because it fulfills masculine desire which is connected to fantasies of ownership and display (Jordanova 1989).

The most prominent forces of unveiling in the modern age are science and medicine. They claimed special truth-status for themselves, a privileged relationship to Truth and Nature, and the Woman, as the personification of nature was the appropriate body for anatomy and other medical procedures. We must add however that traditional biomedicine has never been able to unravel the secret even with its highly sophisticated tools of examination connected to vision (x-rays, ultra-sound and other modern diagnostic techniques making *images* of the body's inner and outer surfaces). The reason of the – partial – success of psychoanalysis in treating hysteria was that Freud displaced the paradigm of unveiling from the field of vision into the realm of listening. He was the first person in the history of medicine who seriously listened to the verbal messages of women, who thought that the secret could be found in another dimension of the senses, in the world of *narratives* which are layered upon each other in the same way as bodily tissues.

The problem with the Freudian method was that following the medical model, Freud, himself an outstanding anatomist, was also searching for the "ultimate truth" by unfolding systematically, one-by-one, the different layers of the narrative, digging more deeply in the "body of the narrative," into the intricate tissue of the *secrets d'alcôve*, the labyrinth of reminiscences. It was unquestionable to Freud that it is the hysteric's psyche which takes possession over her body. Although this revolutionary statement sounded too mystical and unscientific for contemporary – and even later – official medicine, the problem that caused more embarrassment for Freud was something different. His problem was related to one type of argument within the traditional view about the symptoms of the hysteric, the belief that these symptoms were nothing but comedy, a genuine deception. After finding the psychic element, the "story" behind the symptom, one question remained unanswered for Freud: which one of the two – body or mind – makes the comedy? The answer arrived later, from a part of Lacanian psychoanalysts. As Bice Benvenuto writes: "They are both telling the truth, the truth of their conflict, the paradoxical solution of two orders of things converging in the body of the woman: the encounter – clash of the symbolic and of the 'real'" (Benvenuto 1994: 64). From this it seems that the "ultimate" truth is there, at the meeting-point of the Symbolic and the Real, at the borders of two territories: of maternal authority and the paternal Law, at the boundaries of mind and body, the borders of language. No wonder that the biomedical sciences with their armour related to the *body* stopped at this border and that psychoanalysis, the science of the *mind* with its linguistic techniques was also not able to cross it.

Now we can see why hysteria was (is?) emblematic of the conflicts of (post)modern science: the conflicts of different dimensions – symbolic and real, bodily and psychic – are

embedded in it. But one question still remains: why does the hysteric stop at the border, why does she stick in the conflict? Who is she afraid of – the mother or the father? Which dimension – bodily or psychic – does she want to belong to? Whose power does she protest against – the mother's authority or the father's Law? *What does woman want*? She wants nothing *and* everything. She is even in conflict with her own conflict – as Benvenuto says *she is in conflict with her own deception* (Benvenuto 1994). As she is not able to get out from the Oedipal circle, we may suppose that she is both afraid of the suffocating, death-bearing qualities of the "good" mother (and her womb) but at the same time she does not want to leave its safety and warmth, and *simultaneously* she is attracted to the world of the father, but scared of the power and dominance it symbolizes. So she wants to be *neither* mother *nor* father, but her desire is to be *both* of them.[9] She wants to remain *there*, at the source of beginning, the place of origin. She does not want to be either female or male, but also wants to be both of them.[10] She is struggling for *nondifferentiation*. She wants to be *the* Origin, she wants to be the Secret, the ultimate Truth.

We can now easily follow this struggle in the development of the hysterical diseases from the last century to the present. As the hide-and seek could not be stopped by either party – neither by patients nor by their doctors – most of the classical hysterical symptoms disappeared while new transformations (and names) of the disease turned up as part of the "big game." Last century hysterics withdrew libidinal forces from *some part* of their bodies and transported libido to others, playing the game with the fragments of their bodies. Contemporary anorexics play hide-and-seek with the whole surface of their bodies, withdrawing *all* (female) vital forces from it – this is a fatal, "life-or-death" comedy, sometimes (1:10 cases!) literally risking their own lives. The ambiguity, the eternal conflict shows itself in a more powerful way: in the case of contemporary anorexia the blocking of the body from getting involved with desire occurs parallelly with the performance of motoral and intellectual (hyper)activity (Brumberg 1992). The simultaneous hiding of the flesh (and desire) and exposition of the body in sports and other activities displays an even sharper ambivalence as we saw in the case of classical hysteria. The unresolvable conflict of desire, the desperate cry for nondifferentiation, the wish for being both *lack and excess* is expressed in the alternating of refusal and intake of food in the symptomatology of anorexia nervosa combined with bulimia. However this struggle is not – and never has been – a game with a single player.

The Sphinx's Riddle Still Unsolved?

Medical discourse has played an important role in constructing the female body as deficient, diseased and unruly (Showalter 1985). There is no other contemporary area of technological development which is more crucial to the construction of gender than the new

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9 On the hysteric's ambivalence about sexual identity Juliet Mitchell writes: "The hysteric…will not acknowledge the Law of the castration complex, will oscillate between the two desired positions of the Oedipus complex – being mother or being father – and will be unable unconsciously to acknowledge that the polymorphous delights of infantile sexuality must be forgotten and repressed if past, present and future – traditions – are to be established in the mind. Not properly internalizing the representative of the law (the 'superego') in fantasy, she will be an incestuous Oedipus before his discovery of his origins, a self without a history" (Mitchell 1992: 93).

10 This intention is reflected in the bodily forms of the anorexic: her body does not show either female or male characteristics – even her menstruation cycle stops in most of the cases. Her body looks "ageless:" it shows neither the form of a child nor an adult – remains at the *border,* in the state of adolescence.

reproductive medical technologies. Biotechnology tends to literally displace women by making procreation a high-tech business. In consequence, the revolution in the development of techniques of reproduction (birth control, artificial insemination, surrogate mothering) with the ultimate fantasy of creation without the mother also means the crisis of reproduction. Susan Bordo argues that these biotechnologies represent our deepest desire to transcend gender dualities (Bordo 1993). It can be seen for example in movies where Arnold Schwarzenegger, a contemporary symbol of masculinity gives birth, and also in horror films like Alien where men have babies (however in this latter case it is a horrifying experience).

The technology, which was first to serve the replacement of malfunctioning parts of the body, turned into a whole industry which is supported by the fantasies of transforming and rearranging fixed bodily entities. These fantasies are deeply embedded in the wish of defeating mortality and controlling the very materiality of the body. As Susan Bordo noted: "In place of God the watchmaker, we now have ourselves, the master sculptors of that plastic." *Reductio ad absurdum*, the male fantasy of a child born from a man alone, the fantasy of self-reproduction derives from the "flight from the feminine," in particular from the monstrous power of maternal imagination and desire (Braidotti 1997). It is also related to the incestuous drive, to the curiousity and taboos which are attached to the site of origin, to the mother's body. According to some postmodern feminist scholars contemporary medical technology with its most sophisticated methods of molecular biology can be interpreted as a perverted version of the question "Where does man come from?" (Braidotti 1997).

Technologies of reproduction want to control the excesses of the maternal, but at the same time undermine its positive and nostalgic aspects (Doane 1990). The mother's biological role in reproduction is closely connected to the notion of certitude: the guarantee of the source of origin. Different contemporary manifestations of the nostalgia for the mother-origin represent the anxiety attached to nondifferentiation. In other words it means a horrifying threat of the maternal space, the collapse of the distinction between subject and object, sameness and otherness. Naturally, it would mean also the end of gender duality.

The problem with this approach is that our culture is based on gender duality which makes it nearly impossible that one can simply be "human." It seems that there is no escape from the fact that all our social forms are gendered which makes the dreams about a primordial state of neutrality a never-fulfilled desire (Bordo 1993). The hysteric and the anorexic are looking for the "true body" beyond the Law, but as Judith Butler – and earlier Michel Foucault – warns us, any conception of the "natural" is nothing else but a dangerous illusion, of which we must be *cured* (Butler 1990). The question is what is the cure aiming at? If we take it as a struggle between the – hysterical, anorexic – female body and medical science, what they both want to achieve is the dominance over the ultimate Truth. While one party – science – wants to *possess* the body by controlling, weakening, surveying it, the Other's – the woman's – purpose is to be *herself* the secret (of the body), the ultimate Truth. The Truth is the riddle of the Sphinx, the question of the origin, the border, where subject/object, male/female, myself/Other separates.

Notions of bodily difference are too easily used to naturalize differences of gender, race or sexuality. Bodily difference can legitimate social inequality as unavoidable, "normal" or immutable. In the words of Clifford Geertz: "foreign-ness does not start at the water's edge, but at the skin's" (Geertz 1986). The terms "grotesque," "monstrous" and "abnormal" – and even their more neutral linguistic form "different" – used for the (female) body are closely associated with the notion of *inferiority* which explains how the body has been central to the construction of the ethnical Other, that of "race." The female (maternal) body historically has been used as a metaphor of nation (Davis 1997). It also represents the symbolic

marker of the boundary between "inside" and "outside," between "us" and "them." The body has a central role in how dominant cultures designate certain groups as Other. The surface of the body can be seen as a border, whose permeability or impermeability determines the status of identity at any time. As the body can be seen as both a symbol and a metaphor for social cohesion, differentiation and conflict (Douglas 1980), during times of social crisis, when established bodies are threatened, there is likely to be a concern with the maintenance of bodily boundaries and the purity of the body. If there is no border then there is neither inner nor outer (also: there is neither male nor female, neither sameness and difference). If the border is tight and throttling then the body becomes the prison of the psyche, or as Foucault suggested, the soul became the prison of the body? If it should become too permeable, then its order is shaken, and the subject finds itself in jeopardy. All of these could be connected to the more general present-day problems of globalization and (gender, ethnic) identity which also raise the question of where the borders of the body start and end, what kind of imagos and unconscious fantasies form (and transform) representations about our own and the Other's body.

What is the solution of the Riddle? "Is woman (*and also: man*) born or made?" Where does mankind come from? While the twentieth century constructionist tendencies about the body emphasize its unrelatedness to its natural basis suggesting that the body is nothing but a historical and social construct, deconstructionist approaches further separate the body from its material foundations, making a metaphor, a symbolic category of it. Natural sciences also try to translate the original language of the body into their more abstract, technological language, into scientific metaphors. Postmodern theorizing has attempted to demolish the traditional dichotomies of body/mind, nature/culture, but the result has often been to distance individual subjects from the experiences of their lived bodies. On the other hand, as a reply to the "antibody bias," the recently (re-)emerging movements of essentialism and new mysticism try to set up theories of "genuine," "substantial," "archetypal" substrates as necessary conditions of bodily (and also sexual, ethnical) "essences" – and also: differences.

Should their ultimate goal be either homogenization or particularization, neither of these twentieth century tendencies were able to grasp the "ultimate truth" of the body. We can easily trace their frustrations in the long history of the – still enigmatic – hysterical diseases.

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